

# SAMPLE ONLY

## PLEASE USE THIS FORMAT WHEN COMPLETING THE ORIGINAL IRREVOCABLE STOCK OR BOND POWER FORM ATTACHED

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, Description of Security, CUSIP Number, Interest Rate, Maturity Date and Amount or the benefit and protection of all enrollees of Name of the Company in the State of Nevada; pursuant to NAC 695C, "Health Maintenance Organizations". The security is being held in trust at the Name and Address of Depository (i.e. Bank of New York - 1 Wall Street, 14<sup>th</sup> Floor - New York, NY 10286). This document is irrevocable and shall continue in full force and effect until surrendered to Name of Depository with the release of the **Division of Insurance** endorsed hereon; provided, however, that the **Division of Insurance**, in its discretion, may present this power at any time to Name of Depository and upon delivery of said securities by Name of Depository to the **Division of Insurance**, or to the designee of the **Division of Insurance**, Name of Depository shall have no further liability with respect to said securities.

Co. name \_\_\_\_\_ NAIC # \_\_\_\_\_

Co. street address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Authorized Signature: (ie. Company Officer) Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

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### DIVISION OF INSURANCE RELEASE (For Division Use ONLY)

Pursuant to the authority vested in me the securities described above are released from the terms and conditions of this power and \_\_\_\_\_ may surrender, deliver or otherwise dispose of said securities in any manner so ordered by \_\_\_\_\_.

For the State of Nevada, Division of Insurance: \_\_\_\_\_

Title: Commissioner Date: \_\_\_\_\_



DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE

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Website: <https://doi.nv.gov>  
E-mail: [finances@doi.nv.gov](mailto:finances@doi.nv.gov)

**IRREVOCABLE STOCK OR BOND POWER**

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, \_\_\_\_\_ for the benefit and protection of enrollees of \_\_\_\_\_ in the State of Nevada; pursuant to NAC 695C, "Health Maintenance Organizations". The security is being held in trust at \_\_\_\_\_. This document is irrevocable and shall continue in full force and effect until surrendered to \_\_\_\_\_ with the release of the **Division of Insurance** endorsed hereon; provided, however, that the **Division of Insurance**, in its discretion, may present this power at any time to \_\_\_\_\_ and upon delivery of said securities by \_\_\_\_\_ to the **Division of Insurance**, or to the designee of the **Division of Insurance**, \_\_\_\_\_ shall have no further liability with respect to said securities.

Co. name \_\_\_\_\_ NAIC # \_\_\_\_\_  
Co. street address \_\_\_\_\_  
City, state, zip \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

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**DIVISION OF INSURANCE RELEASE**  
**(For Division Use ONLY)**

Pursuant to the authority vested in me the securities described above are released from the terms and conditions of this power and \_\_\_\_\_ may surrender, deliver or otherwise dispose of said securities in any manner so ordered by \_\_\_\_\_

For the State of Nevada, Division of Insurance: \_\_\_\_\_  
Title: Commissioner of Insurance Date: \_\_\_\_\_

**THIS NOTARY ACKNOWLEDGMENT MUST BE  
ATTACHED TO EACH IRREVOCABLE STOCK OR BOND POWER**

Name of Company \_\_\_\_\_ NAIC # \_\_\_\_\_

State of \_\_\_\_\_,

County of \_\_\_\_\_

On \_\_\_\_\_ personally appeared before me,  
DATE

\_\_\_\_\_  
Company authorized signature who acknowledged that he  
executed the above instrument.

\_\_\_\_\_  
Please print name of the above individual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official  
stamp at my office in the county of \_\_\_\_\_  
the day and year in this certificate first above written.

\_\_\_\_\_  
Signature of Notary